

Homeowner Assistance Claim (for income received in 1998)

1999

9000

STEP A

Use peel-off label. Otherwise, please print or type.

Name,
address
and
social
security
number

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS — NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE			APT. NO.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE			

STEP B

Filing
Status

Complete
line 1.
Check only
one box on
line 2,
line 3 or
line 4.

1. Enter your date of birth..... • 1. / /
Date of birth
2. If you were 62 or older on December 31, 1998, check this box. Do not check the box on line 3 or line 4; go to line 5. 2. ☐ 62 or older ☐ OR
3. If you were under 62 and blind on December 31, 1998, check this box only. Do not check the box on line 4, go to line 5 3. ☐ Under 62 and blind ☐ OR
4. If you were under 62 and disabled (but not blind) on December 31, 1998, check this box only..... 4. ☐ Under 62 and disabled (not blind) ☐
5. Are you a United States citizen? Check "Yes" or "No" • 5. ☐ YES ☐ NO
If you checked "Yes," skip line 6 and go to line 7.
If you checked "No," go to line 6.
6. Benefit Eligibility for Noncitizens • 6a. Alien Status Code
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.
See instructions for more information. • 6b. Alien Registration Number
• 6c. / /
Date of Entry

STEP C

Property
Information

Complete
line 7
through
line 9.

7. Did you own and live in your home on December 31, 1998 7. ☐ YES ☐ NO
If "No," stop. You do not qualify for homeowner assistance.
- a. Enter the FULL value of your property (after subtracting your homeowner's or veteran's exemption). See page 7..... ☐ • 7a. \$
8. Is your property used for rental and/or business as well as personal use? ☐ 8. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 7 ▶ 8a. %
9. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 7 and page 8.

Name _____	Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____	Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____	Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Enter your percentage of ownership..... ▶ 9. %

Did this person live in your home in 1998?

STEP D 1998 income of you and your spouse	On line 10 through line 17, enter your total household income for the 1998 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.		(Dollars)	(Cents)			
	10. Social Security and/or Railroad Retirement.	• 10.					
	11. Interest and/or Dividends	• 11.					
	12. Pensions and/or Annuities	• 12.					
	13. SSI/SSP, AB and ATD (Gold Check). See page 8	• 13.					
	14. Rental Income (or Loss). Attach schedule. See page 8 <input type="radio"/> • 14.						
	15. Business Income (or Loss). Attach schedule. See page 9 <input type="radio"/> • 15.						
	16. Gain (or Loss) from sale of assets. Attach schedule. See page 9 <input type="radio"/> • 16.						
17. Other Income (including wages). See page 9	• 17.						
STEP E 1998 Income of other household members	18. Income of Other Household Members in 1998. See page 10. Do not include your income or the income of your spouse, minors, students or renters .		• 18.				
STEP F 1998 Total household income	19. SUBTOTAL. Add line 10 through line 18.		19.				
	20. Adjustments to Income. See page 10. Attach documentation <input type="radio"/> • 20.						
	21. TOTAL HOUSEHOLD INCOME IN 1998. Subtract line 20 from line 19. • 21. If line 21 is more than \$33,132, stop. You do not qualify.						
STEP G Property tax paid and homeowner assistance claimed	22. PROPERTY TAX FOR 1998/1999 <input type="radio"/> • 22. DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1998/1999 property tax bill.						
	You do not have to complete line 23. If you stop here, we will figure the amount of assistance for you.						
	23. Homeowner assistance claimed. See page 11.		■ 23.				
STEP H Signature, date and telephone number	Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.						
	I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.						
	Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct and complete.						
Sign Here ➡	X _____ Date _____ Claimant's signature Claimant's Daytime Telephone Number ()						
Paid Preparer's Use Only	PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number			
	FIRM'S NAME (OR YOURS, IF SELF EMPLOYED) AND ADDRESS ➡			FEIN			
				TELEPHONE ()			
	Do not write in this space						
Do not write in this space		Do not write in this space					
		L	D	I	A	R	RES